CERTIFICATE OF ASSUMED BUSINESS NAMED EN CONTROL (Please type or print legibly. See instruction in the case.)

Pursuant to Section 53-504, Ida gives notice of adoption of an A	aho Code, the undersigned
The assumed business name which the ur business is:	
uptown motors	
The true name(s) and business address(es business under the assumed business nar	
<u>Name</u>	Complete Address
-KARIN L HAGAN	5225 CHINDEN BOISE
ED Smith	5225 CHINDEN BOISE G
The general type of business transacted up (mark only those that apply)	nder the assumed business name is:
Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Est
The name and address to which future F correspondence should be addressed:	Phone number (optional):
UPTOWN MOTORS 5225 CHINDEN	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only SECRETARY OF STATE
Signature: Karin L. Hagan	IDANO SECRETARY OF STATE 96/13/2000 09:00 CK: CASH CT: 132337 BH: 325897 1 0 20.00 = 20.00 ASSUM NAME # 2
Printed Name: KARIN L. HAGAN	
Capacity: AKMEL	D 36592
(see instruction # 8 on back of form)	. <u>م</u>